

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445500	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED R 12/27/2019
NAME OF PROVIDER OR SUPPLIER PAVILION-THS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1406 MEDICAL CENTER DRIVE LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>Stories: 1 Construction Type: NFPA, V (111); IBC, V protected plans available on site Constructed: approx. 2009 Sprinklered: Yes Census: 51 at time of the life safety portion Certified beds: 60</p> <p>A Life Safety revisit survey was conducted on 12/27/2019 for the previous deficiencies cited on 10/28/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th day / 70th
12-13-19 / 1-7-20

PRINTED: 10/31/2019
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC #1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445500	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2019
NAME OF PROVIDER OR SUPPLIER PAVILION-THS, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1406 MEDICAL CENTER DRIVE LEBANON, TN 37087		
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K 000	INITIAL COMMENTS Stories: 1 Construction Type: NFPA, V (111); IBC, V protected plans available on site Constructed: approx. 2009 Sprinklered: Yes Census: 51 at time of the life safety portion Certified beds: 60 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 10/28/2019. During this Life Safety Survey, Pavilion Ths-llc was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012. The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by:	K 000			
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for	K 920			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Executive Director

11-14-19

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K 920	<p>Continued From page 1</p> <p>PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to ensure the use of approved power strips. This deficient practice has the potential to effect the patient rooms 304, 110, 113, and 205 only</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observations on 10/28/2019 between 8:31 AM and 9:30 AM, revealed the following: <ol style="list-style-type: none"> a. unapproved power strip in patient room 304 b. unapproved power strip in patient room 110 c. unapproved power strip in patient room 113. <p>These powerstrips were used for non patient care equipment.</p> <p>NFPA 99, 10.2.4 (2012 Edition) CMS S&C: 14-46-LSC</p> 2. Observation on 10/28/2019 at 8:44 AM, revealed an extension cord powering a television in patient room 205. <p>NFPA 99, 10.2.4 (2012 Edition) CMS S&C: 14-46-LSC</p> <p>The Maintenance Director was present when</p>	K 920	<p>K 920</p> <p>1)Unapproved power strips in patient room 304, 110, and 113 were removed immediately.</p> <p>The Maintenance Director reviewed all patient rooms for unapproved power strips.</p> <p>Staff received retraining of the use of power strips for non-patient care equipment. An inspection for power strips will be added to our monthly Preventive Maintenance Program.</p> <p>Reports and any deficient practices will be monitored by the Quality Assurance Committee for compliance.</p>	11/13/19	

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K 920	Continued From page 2 these items were identified and was acknowledged by the Maintenance Director via phone conference on 10/31/2019.	K 920	<p>K 920</p> <p>2)The extension cord powering the television in patient room 205 was removed.</p> <p>The Maintenance Director reviewed all patient rooms for extension cords.</p> <p>Staff received retraining of the prohibition of extension cords. An inspection for extension cords will be added to our monthly Preventative Maintenance Program.</p> <p>Reports and any deficient practices will be monitored by the Quality Assurance Committee for compliance.</p>	11/12/19	

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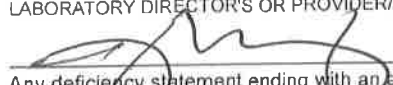
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E 000	Initial Comments A Emergency Preparedness Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 10/28/2019. During this Emergency Preparedness Survey, Pavilion Ths-Illc was found in substantial compliance with the requirements for participation in Emergency Preparedness Regulations for Long-Term Care Facilities, Federal CFR §483.73.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 *Executive Director* 11-14-19

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